

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

No. 29

-62-019897

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 291

Primary Registration District No.

Registrar's No. 58

STATE FILE NUMBER

FILED MAY 31 1962

## 1. PLACE OF DEATH

a. COUNTY

Putnam

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Rural Union Twp.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Unionville, Missouri

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

California

b. COUNTY

c. CITY

OR

TOWN

Redondo Beach

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

1100 Esplanade

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Roger

Dean

Allen

4. DATE OF DEATH

Month

Day

Year

May

22

1962

## 5. SEX

M

## 6. COLOR OR RACE

W

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

11/4/29

## 9. AGE (last birthday)

32

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

6

18

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Airline Pilot

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Colorado

## 12. CITIZEN OF WHAT COUNTRY

U. S.

## 13a. FATHER'S NAME

Rogers, R. Allen

## 13b. MOTHER'S MAIDEN NAME

Josephine Hughes

## 14. NAME OF HUSBAND OR WIFE

Jean A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

Korea

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Collis Allen, Seneca, Colo

## Address

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Multiple injuries from plane crash

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Crash of flight 11 Second Officer

20c. TIME OF INJURY  
Hour ☒ p.m. ☐ Month, Day, Year

9:45

5/22/62

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☒

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

on farm

## 20f. CITY, TOWN, OR LOCATION

Union Twp.

## COUNTY

Putnam Missouri

## STATE

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_.  
Death occurred at \_\_\_\_\_ 9:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22. SIGNATURE

(Degree) (title)

## ADDRESS

Unionville Missouri

## 22c. DATE SIGNED

5/24/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

## 23b. DATE

5-24-62

## 23c. NAME OF CEMETERY OR CREMATORY

Seneca

## 23d. LOCATION (City, town, or county) (State)

ARAPAHOE - FISHWOOD, Colo

## 24. FUNERAL DIRECTOR

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

5-24-62

## 26. REGISTRAR'S SIGNATURE

Marshall Durkin

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

1 0860

2 8040

3

4 0

5 1

6

7 1

8 1

9 861X

10 39

11 076

12 91-3

13 1-0

AUG 28 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Hugh L. Johnson

Licensed Embalmer No. 3487

P. O. Address Centerville, Ga

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.